Screenings & Immunizations for Men

Reducing your risk for cancer and getting regular cancer screening tests to find cancer early gives you the best chances for staying well and living a long life. Take control of your health and reduce your cancer risk by making healthy lifestyle choices and get regular screening tests:

| Screening Tests | Ages 13-39 | Ages 40-49 | Ages 50-64 | Ages 65+ | | |
|-----------------------------------|---|--|---|--------------------------------------|--|--|
| General Health: | Discuss with your health care provider. | | | | | |
| Full check up | Ask about health topics such as: overweight and obesity, tobacco use, alcohol use, | | | | | |
| | depression,skin and mole exams. | | | | | |
| Heart Health: | | | | | | |
| Blood Pressure test | Starting at age 18, then once every 1-2 years if normal. | | | | | |
| Cholesterol test | Discuss with your health care provider. | | | | | |
| Diabetes: | Discuss with your | Starting at age 45, then at least every 3 years. | | | | |
| Blood sugar test | health care provider. | Discuss with your health care provider. | | | | |
| Prostate Health: | | Discuss with your health care provider. | | | | |
| Digital Recal Exam (DRE) | | Discuss with your fleatin date provider. | | | | |
| Prostate-specific antigen | | Discuss with your health care provider. | | | | |
| (PSA) Test | | | | | | |
| Reproductive Health: | Discuss with your health care provider. | | | | | |
| Testicular Exam | Discuss with your nealth care provider. | | | | | |
| Sexually Transmitted | Both partners should get tested for STDs, including HIV, before initiating sexual intercourse. | | | | | |
| Disease (STDs) | | | | | | |
| HIV Test | At least once to find out your HIV status. Ask your health care provider if and when you need the test again. | | | | | |
| Colorectal Health: | Yearly | | | | | |
| Fecal Occult Blood Test (FOBT) | | Discuss with your health care provider about which test is best and how often. | | | | |
| (1021) | | | OR | | | |
| Flexible Sigmoidoscopy | 7 | | Every 5 Discuss with your health | years | | |
| Trickible diginoladacopy | | | Discuss with your health which test is best | n care provider about and how often. | | |
| | | | OR | <u> </u> | | |
| Colonoscopy | 7 | | Every 10 | | | |
| Основосору | | | Discuss with your healt which test is best | h care provider about | | |
| Skin Health: | Monthly male colf exam; by a healthcare provider every 2 years, starting at any 20 | | | | | |
| Mole Exam | Monthly mole self-exam; by a healthcare provider every 3 years, starting at age 20. | | | | | |
| Oral Health: | 400 | | | | | |
| Dental Exam | 1-2 times every year. | | | | | |
| Mental Health Screening: | Discuss with your health care provider. | | | | | |
| Eye Health: | Once initially between | | | | | |
| Vision Exam | Once initially between age 20 and 39. | Every 2-4 years. Ev | | Every 1-2 years. | | |
| Ear Health: | 0, 1, 1 | | | | | |
| Hearing Test | Starting at age 18, | t age 18, then every 10 years. Discuss with your health care pro | | ealth care provider. | | |

(more on back)

| Immunizations | Ages 13-39 | Ages 40-49 | Ages 50-64 | Ages 65+ | | |
|--|---|--|--|--|--|--|
| Influenza vaccine | Every Fall or Winter. | | | | | |
| Tetanus, diptheria, pertussis (Td, Tdap) vaccine | Get a Td booster every 10 years. Ask if you need 1 dose of Tdap instead of Td booster to prevent whooping cough. | | | | | |
| Varicella (chickenpox) vaccine | If you have never had chickenpox or you have been vaccinated but only got 1 dose, ask your health care provider if you need this vaccine. | | | | | |
| Human papillomavirus (HPV) vaccine | You need this vaccine if you are 26 or younger and have not already completed the series. | | | | | |
| Herpes Zoster (shingles) vaccine | Startin | | Starting at age 60, yo of this v | Starting at age 60, you need a single dose of this vaccine. | | |
| Measles, mumps, rubella (MMR) vaccine | If you have not had at least 1 dose of MMR, ask your health care provider if you need this vaccine. | | If you were born in 1957 or later and have not had at least 1 dose of MMR, ask your health care provider if you need this vaccine. | | | |
| Pneumococcal vaccine | If you smoke or have pro | e a chronic health problem, ovider if you need this vacci | ask your health care ne. | You need 1 dose at 65 (or older) if you have never been vaccinated. You may also need a second dose. | | |
| Meningococcal vaccine | You need this vaccine if you are planning to live at college or have certain medical conditions. Discuss with your health care provider. | You may need this vaccine if you have certain medical conditions. Discuss with your health care provider. | | | | |
| Hepatitis A vaccine | Discuss with your health care provider. | | | | | |
| Hepatitis B vaccine | Discuss with your health care provider. | | | | | |

Note: These charts are guidelines only. Your health care provider will personalize the timing of each test and immunization to best meet your health care needs.

Source: www.womehshealth.gov

For More Information:

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